

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026699

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2ndRegistrar's No. 12068VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ **AUG 14 1962**a. COUNTY **Greene**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Springfield**Length of stay in lb
40 min.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Burge-Protestant Hosp.**Inside Limits
Yes ☒ No ☐c. CITY
OR TOWN **Springfield**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
700 E. ElmReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Harriett**Elizabeth****Davison**4. DATE
OF DEATH

Month

Day

Year

August 6, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/15/1906

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)**Office Clerk**

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Charles City, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Barton Stevens

13b. MOTHER'S MAIDEN NAME

Buona Wilson

14. NAME OF HUSBAND OR WIFE

Raymond Davison15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Raymond Davison - Springfield, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subarachnoid HemorrhageINTERVAL BETWEEN
ONSET AND DEATH**2 hours**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Rupture Aneurysm Circle of Willis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-6-62** to **8-6-62** and last saw **her** alive on **8-6-62**Death occurred at **10:40 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul D. Butler MD

22b. ADDRESS

600 S. Elm St. Springfield, Mo.

22c. DATE SIGNED

8-8-6223a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

8/9/1962

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

Bolivar, Missouri

(State)

24. FUNERAL DIRECTOR:

ADDRESS

Paul D. Butler - Bolivar, Missouri

25. DATE RECD. BY LOCAL REG.

8-13-62

26. REGISTRAR'S SIGNATURE

Effie S. Meelen

(Licensed Embalmer's Statement on Reverse Side)

Cecil R. Auner, M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 15 1962

Permit 8-6-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 663

working under my personal supervision.

Student

Danny J. Martin
Signature of Student Embalmer

Signed

Paul D. Butler

Licensed Embalmer No.

4471

P. O. Address

Bellevue, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.